

by law, and if the pharmacist supplies such preparations of other standards, he becomes liable to the law for his misconduct. Thus is the patient protected from the greed of the manufacturer. If you prescribe some unofficial preparation, something not in the Pharmacopeia, you have absolutely no assurance of what your patient will ingest. It is said that a large proportion of physicians have never seen the Pharmacopeia, never have used it, never were taught anything about it. At a banquet not long ago a recent graduate of a prominent medical school stated that materia medica and therapeutics had not been taught in his school for several years! No wonder the pharmacist's shelves are loaded with nostrums and reduplicated preparations each with a still more fanciful name, and his prescription files with so-called "prescriptions" for preparations of unknown value or composition! Is it not time, gentlemen of the medical profession, that we should study a little of the Pharmacopeia and teach ourselves a little of what we should know? Or shall we continue forever to "learn" our therapeutics from the smooth-tongued detail man of the nostrum manufacturer? Remember that important changes in the strength of some of the common and generally used drugs have been made; see the table on page 274.

Sufficient time has now elapsed for us to take a relatively broad view of the results obtained in the treatment of malignant growths to

**THE X-RAY IN CANCER.** X-ray exposures. Dr. Wm. B. Coley, of New York, presents a very full statement of his experiences in the treatment of 167 conditions of malignancy by this means, in the *Annals of Surgery* for August. Coley refers to his statements made at the time when this procedure was first suggested, and says, "I then believed, and have since maintained, that the treatment should be strictly limited to inoperable and recurrent cancer, or applied as a post-operative measure that might possibly render recurrences less likely to take place." The whole paper is interesting, and his conclusions seem to be sound and conservative. "The use of the X-ray as a preoperative measure in other than cutaneous cancer is contraindicated, 1, because the agent has not yet been proven to be curative; 2, because of serious risks of an extension of the disease to inaccessible glands or to other regions by metastases during the period required for a trial of the X-ray."

Your attention is particularly called to a special report from the Tuberculosis Committee of the State Society on page 294, relating to the subject of notification. At the last meeting of the society, at Riverside, this question was brought up and passed to the Council. The Council instructed the secretary to request the opinions of the various component societies, and to report them to the Council when secured.

In view of these facts it would seem well for all county societies to consider carefully the special report herewith published, and to adopt resolutions along the lines indicated, if such action shall seem wise after due deliberation. It must be remembered that the Tuberculosis Committee has given this matter very careful thought; it has been in existence now for nearly three years, and has studied these matters with great attention to present conditions and probable results, and consequently the suggestions of the committee should not be lightly cast aside or neglected. The statements which they make are moderate and sensible, and doubtless if it shall be the wish of the component societies that their recommendations be concurred in, considerable good will result. It is strongly urged, for the sake of uniformity, that if the attitude of the committee is supported by component societies, that all resolutions passed be more or less in conformity with the suggestions of the report.

Practically all the so-called "patent medicines"—by which is really meant the nostrums advertised and sold directly to the laity—were originally "proprietary" introduced through the kindly offices of the medical

**THE COURSE OF PROPRIETARIES.** profession and later given directly to the public. Most of those at present in vogue with the medical profession will undoubtedly take the same course in due time. Ask any pharmacist what will eventually happen if you give a patient a prescription for one of these "proprietary" (really nostrums), say pepto-mangan, bovine, sanmetto, tongaline, seng, etc. He will tell you that in due course the patient, or his wife, or his mother, or his children, or his sisters, or his cousins, or his aunts, or his wife's friends will come into the store and buy some more of the same stuff—but without a prescription. In other words, you have lost a patient, and you have helped to induce some one or more persons to become self-dosers. Sooner or later mostly all of this class of nostrums will be sold—and probably advertised—directly to the laity. Already this is the case with a number, notably antikamnia, and we frequently see a drug store window decorated with bottles of pepto-mangan, Fellow's syrup, etc., at special cut rates. Some months ago the "bovine" concern wrote to the JOURNAL in high indignation because we had stated that they appealed to the laity direct. We have recently received some copies of a paper printed, apparently, at Athol, Mass., and entitled "The Healthy Home." In this journal, which, from its general appearance, seems to be intended to aid the layman in prescribing for himself, we read the following interesting advertisement: "Bovine makes rosy-cheeked children. It brings bloom to pale faces, flesh to thin bodies. \* \* \* *Your physician will heartily endorse it. Every druggist sells it.* The Bovine Company, New York." The words in italic clearly indicate that this advertisement is not intended for the phy-

sician's perusal. Do you see the lovely gold brick? Some woman sees this advertisement; she is a bit skeptical; she asks the druggist, "Do physicians prescribe this?"; the druggist says that some do; she then concludes that she will save her doctor's fee and give "bovine" to the ailing child at home, with the result that some serious condition, maybe, goes on unrecognized and untreated till all chance of recovery is lost. And yet scores of supposedly decent medical journals are advertising this very same stuff—bovine—whatever it may be or contain—and among them are: *American Medicine*; *Medical Record*; the official journals of the state medical societies of *Wisconsin* and *Maryland*, and possibly others; *Cleveland Medical Journal*; *St. Paul Medical Journal*, "Edited and published by the Ramsey County Medical Society." Is it not astonishing that the medical profession will continue to extend with one hand and accept with the other "gold bricks" like this? To bunco one's own self! It seems almost too ridiculous to be true!

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Four more state medical organizations have started medical journals as the medium of publication of their transactions, and one, **S T A T E JOURNALS.** Maryland, has made an existing journal its official publication.

Texas, Ohio, South Carolina and New Mexico are the states to begin the publication of new journals, and we certainly wish them the very best of success and long and useful lives. The acceptance of the journal idea by comparatively small organizations, such as South Carolina and New Mexico, is very suggestive, and is a lesson to some of the larger organizations which as yet are undecided. The fact that the members of a society can in this manner be reached every month in the year, and not merely once a year, at the annual meetings, is undoubtedly one of the strongest arguments in favor of the state organization journal. The action of the A. M. A. in establishing the Council on Pharmacy and Chemistry furnishes a good and safe guide for the benefit of those who have charge of the business management of state medical association journals, and there seems little reason to doubt that they can come together on a common ground and effect an organization of state medical journals that will be of great usefulness and advantage to all. The four new journals have started right, and there is no reason why, under the advice of the Council, they should not continue right; we believe that they will, and we certainly wish them well.

#### THE LANE LECTURES.

The institution of annual courses of lectures to be given by men who have shown themselves to be masters in their particular branch of medicine is one to be commended, for a variety of reasons. No one of experience will deny that the spoken word will produce effects which the written word will not pro-

duce. We may read the words of a man for years and profit greatly by them, and yet be in the dark concerning much of their meaning. Books, especially text-books, are seldom italicized, and the lecture italicizes the work in terms of the personality of the lecturer. This is not only of value in separating the important from the unimportant, a thing that young students especially are often unable to satisfactorily do, it also serves to bring before us the personality of the lecturer, to communicate, to some at any rate, a share of his enthusiasm, and to illuminate by verbal interpolations or case experiences what would perhaps be passages doubtful in interpretation. One thing is certain in connection with this particular course of lectures, and that is that those of us who read in future the writings of Sir Patrick Manson will do so with greatly added enthusiasm, and doubtless with greatly added insight.

If any one thing in Dr. Manson's general plan of considering his subject was apparent from the first, it was the breadth of his point of view. The lectures were no narrow recital of bare facts and naked truths, but were decently clothed in an atmosphere in which the prominent constituents were broad knowledge of biologic principles, wide experience, and that logical imaginativeness so necessary to the scientific investigator. This was nowhere more apparent than in his opening lecture in which, with great simplicity and directness, he formulated the principles underlying the distribution of disease in the tropics. Comparing the distribution of the ordinary flora and fauna with that of the microscopic flora and fauna, he showed that the former must vary because of the differences in climate, whilst the latter shows much less variation because man, with his relatively unvarying characteristics in different parts of the world, is their normal habitat. The variation in diseases in different climates is, therefore, in the main dependent on conditions affecting the disease parasites during the intermediate stage in which they are passing or being carried from one human host to another. This idea, one of the most important advanced, was illustrated in a general way, and by the citation of specific diseases. It was shown, for example, that certain diseases could occur only in the tropics because the necessary temperature and moisture could not be found elsewhere. *Tinea imbricata* and *Pinta* were cited as examples, these being diseases of the skin in which the parasite is directly in contact with the surrounding air, and dependent on a proper condition of this for life. Again it was shown that many tropical diseases could be introduced into temperate climates, but could not spread, usually because the conditions necessary for certain phases in the life history of